



Provider Focus



August 2005

A quarterly update focusing on your needs.

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Announcing Disease Management Program

DCH will implement a Disease Management Program for certain Medicaid aged, blind and disabled (ABD) members by the end of the year.

Disease management offers the potential to improve care quality while also containing costs, thus meeting the twin challenges of "affordable and quality health care." More than 20 states are developing and implementing disease management programs for their Medicaid primary care case management (PCCM) and fee for service populations.

The Georgia disease management program will be an enhancement to the existing Georgia Better Health Care (GBHC) primary care case management program. Added benefits such as nurse case managers, member education, member claims summary, clinical alerts, opportunities to receive CME credits and a new resource for member support services are just a few of the many extras that will be

offered with the disease management vendor. Primary care providers participating in GBHC will continue to be paid a monthly fee for performing their case management functions.

DCH will be contracting with one or two disease management vendors for the administration of the program. Some of the vendor responsibilities include:

- Twenty-four hour nurse call services
- Education for enrollees for better self-management of their diseases/conditions

■ Claims analysis and monitoring
The disease management vendors, upon contract award, will begin their communication and collaboration efforts with the Medicaid provider community. Their role is to provide valuable services to Medicaid members, providers, and advocates,

(Continued on Page 2, see "Disease Management")



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH



Georgia

Disease Management

(Continued from Page 1)

and to assist all stakeholders in the care of ABD members. Specifically, members in the SSI eligibility category will be participating.

DCH is excited about this opportunity, and looks forward to building stronger relationships with stakeholders, hopefully resulting in overall improved members' health care. ▲

New Pharmacy COB Notification Form

Beginning July 1, 2005, a new version of the Pharmacy COB Notification Form (DMA-415) will be required. You can find this form in Appendix G of the July 2005 *Part II Policies and Procedures for Pharmacy Services* manual.

You can also access the form on the GHP Web Portal in the Documents and Forms area.

Please begin using this form immediately. ▲

Finance Quality Improvements

The quality of your experience is important to us. We are working to make our financial processes more efficient to serve you better.

Undeliverable Checks

The ACS Finance Department is working diligently to decrease the backlog of checks returned from the post office due to incorrect addresses. To reduce the number of undeliverable checks, we have increased staff and are contacting providers by phone to obtain correct address information. By adding staff, ACS has been able to reduce this number by 50 percent.

When the Finance Department receives your undeliverable checks, they begin the following process:

1. They call you to get your correct address.
2. They send you a W-9 form requesting your new address information.
3. Upon receipt of your W-9 form, the Provider Enrollment Department enters the correct information into the system. After this change is made, you receive a system-generated letter indicating the change was processed.

You can avoid a payment delay by submitting a W-9 form when your address changes. The W-9 form is available on the GHP Web Portal in the Documents and Forms area.

Ongoing Process to Increase EFT Payments and Decrease Paper Checks

You can avoid a paper delay by using Electronic funds transfer (EFT). It's convenient, safe and it saves time! You do not have to wait for paper checks or worry about lost or misdirected checks in the mail. Also it is a DCH policy to only send payments using EFT. If you are currently receiving paper checks, you need to sign up for EFT immediately.

To sign up for EFT, submit a Georgia Department of Community Health Electronic Funds Transfer Agreement form. To access the agreement on the Web, select the **Provider Information** tab; in the Documents and Forms box, click **View Full List**. Click the **Electronic Funds Transfer (EFT)** link in the list.

If you have any questions, please contact the Customer Interaction Center (for numbers, refer to "Reaching ACS" on page 11). ▲

We Welcome Your Feedback



We are dedicated to making the **Provider Focus** a useful tool for you.

If you have any comments or suggestions for the newsletter, please contact us at ga.comm.dept@acs-inc.com. ▲

2005 Holiday Payment Schedule for Georgia Medicaid Payments

Refer to the following table for any payment date exceptions caused by holidays:

Holiday Observed	Date Observed	Payment Date	EFT in Bank
Labor Day	Sept. 5	Tue., Sept. 6	Wed., Sept. 7
Columbus Day	Oct. 10	Tue., Oct. 11	Wed., Oct. 12
Veteran's Day	Nov. 11	Mon., Nov. 14	Tue., Nov. 15
Thanksgiving	Nov. 24, 25	Mon., Nov. 28	Tue., Nov. 29
Christmas	Dec. 26	Tue., Dec. 27	Wed., Dec. 28
New Year's Day	Jan. 2	Tue., Jan. 3, 2006	Wed., Jan. 4, 2006

Results of Customer Service Survey

ACS contracted with the Pegus Research, Inc. to conduct the semi-annual provider and member surveys to assess satisfaction in the following areas:

- Web portal
- Interactive voice response (IVR) system
- Customer services experiences
- Regional service experiences
- ID cards
- Claims

The surveys included over 1,600 randomly selected providers and 1,500 members who submitted claims or accessed our Customer Interaction Center (CIC) for service between October 2004 and April 2005.

Here is a summary of areas in which providers reported improvement and areas that can be improved. Also included is a list of improvements based on the member surveys.

Providers reported improvement in the following areas of the GHP Web Portal:

- Overall ease of use
- The business functions supported by the web portal
- Ease of submitting claims
- Ease of using the message center
- Timely answering of communications sent via the web portal (although satisfaction for this final measure remains relatively low at 39 percent)

Two other areas in which providers reported improvement is ease of using the member's ID card and timeliness of claims processing and the accuracy with which claims are processed.



The following is a list of areas that ACS recognizes as opportunities for improvement based on results from the survey and the actions we are taking in response.

Opportunity:

IVR: Ease of use and overall business function

Action for Improvement:

ACS is currently reviewing the IVR design to identify areas that can be improved to make it a more efficient and user friendly experience for the provider community.

Opportunity:

Courteous Customer Service Representatives (CSRs)

Action for Improvement:

- Implemented 30 minute lunches to take more calls.
- Added enrollment queues to the IVR.
- Increased staff.
- Created process improvement suggestion box for staff use.
- Moved TTY Lines from the call center to the Member Review team to free up additional agents to answer PCP change calls.
- Changed PeachCare for Kids recording to give more specific instructions.
- Changed recording to ask callers to have additional information ready.
- Changed recording on the TTY Line to address the non-hearing impaired.
- Added Spanish recording to all queues.

Opportunity:

Provider Field Representative timeliness of response and accurate answers to questions

Action for Improvement:

- We are currently working to update our training presentations with an ultimate goal of updating information on a quarterly basis when policy is changed. Included in this training will be all necessary contact information.
- We are altering our training sessions from two locations a month to quarterly training sessions which will free up additional time in the field.
- We are providing more structure to the way field representatives are trained. We are planning to include policy staff when we train field representatives so they are up to date on change

There was a statistically significant improvement in the percentage of members that scheduled an appointment because of the informational and reminder brochures.

There were slight increases in satisfaction for members on:

- Speed with which requests for new ID cards were processed
- Ease of getting information about doctors in the area



We encourage you to read the results of the survey. Pegus Research, Inc. has published the results on their Web site at:

www.pegus.com/ACS/Reports/ProviderReportSpring2005.pdf
and
www.pegus.com/ACS/Reports/MemberReportSpring2005.pdf ▲

Changes to PeachCare for Kids Dental Service Benefits

For dates of service on or after July 1, 2005, the dental service benefit for eligible PeachCare for Kids (PCK) plan members will only cover the following chart.

All covered dental services and procedures are subject to the terms

and conditions and reimbursement rates outlined in the *Part I Policy and Procedures for Medicaid/ PeachCare for Kids* and *Part II Policy and Procedure for Dental Services* manuals. If you have questions, call the CIC (for numbers, see "Reaching ACS"). ▲

CDT	Description	CDT	Description
D0120	Periodic Oral Evaluation	D2391	Resin-based Comp, One Surface, Post
D0140	Limit Oral Evaluation - Provlem Focus	D2392	Resin-based Comp, Two Surfaces, Post
D0150	Comprehensive Oral Evaluation	D2394	Resin-based Comp, Four Surfaces, Post
D0210	Intraoral Complete Series	D2920	Recement Crown
D0220	Intraoral Periapical First Film	D2930	Prefab Stainless Steel Crown, Primary
D0230	Intraoral Periapical Each Additional Film	D2931	Prefab Stainless Steel Crown, Permanent
D0240	Intraoral Occlusal Film	D2932	Prefabricated Resin Crown
D0270	Bitewing Single Film	D2940	Dental Sedative Filling
D0272	Bitewings Two Films	D2951	Pin Retention - Per tooth
D0274	Bitewings Four Films	D2954	Prefabricated Post and Core
D0330	Panoramic Film	D3220	Therapeutic Pulpotomy
D1110	Prophylaxis - Adult	D3221	Pulpal Debridement
D1120	Prophylaxis - Child	D3310	Anterior
D1203	Topical Application of Fluoride	D3320	Bicuspid
D1351	Dental Sealant - Per Tooth	D3410	Apicocect/Periradicular Surgery Anterior
D1510	Space Maintainer Fixed Unilateral	D4341	Periodontal Scaling and Root Planning
D2140	Amalgam - One Surface	D7111	Extraction, Coronal Remnants - Deciduous
D2150	Amalgam - Two Surfaces	D7140	Extraction, Erupted Tooth or Exposed Root
D2160	Amalgam - Three Surfaces	D7210	Surgical Removal of Erupted Tooth
D2330	Resin-based Comp, One Surface, Ant	D7220	Removal of Impact Tooth - Soft Tissue
D2331	Resin-based Comp, Two Surfaces, Ant	D9230	Analgesia, Anxiolysis... Nitrous Oxide
D2332	Resin-based Comp, Three Surfaces, Ant	D9420	Hospital Call

National Provider Identifier

Starting May 23, 2005, you could apply for your National Provider Identifier (NPI). The NPI replaces health care provider identifiers you use today in standard health care transactions. The health plans with which you do business will instruct you when you may begin using the NPI in standard transactions. You must continue to submit your Medicaid claims using your provider number(s) unless otherwise instructed. All HIPAA-covered entities except small health plans must begin using the NPI on May 23, 2007; small health plans have until May 23, 2008.

For additional information and to complete an application, visit nppes.cms.hhs.gov on the Web. Also, in the near future, you will be able to find the NPI Viewlet instructional tool at the same Web address. This tool provides an overview of the NPI, a walkthrough of the application, as well as live links to the NPPES Web site where you can apply for an NPI. Currently NPI Viewlet is available on the CMS Web site (www.cms.hhs.gov/medlearn/npi/npiiviewlet.asp) under "Latest News." ▲

Provider Assistance Meetings

You can get one-on-one assistance for any claims issue that you have by scheduling an appointment for a Provider Assistance Meeting. These meetings are available during Georgia Medicaid Assemblies. For more information, see "2005-2006 Provider Training" on Page 9. ▲

EDI Enrollment Process Tips

All provider enrollment forms are available on the GHP Web Portal in the Documents and Forms area. One step in the provider enrollment process is enrolling for EDI (electronic data interchange) so that you can submit your claims electronically. Below are some tips on which forms to use and where to submit your EDI documents.

New Providers and Billing Agents/Clearinghouses

If you are a new billing agent/clearing house and have never enrolled in EDI, submit the following documents:

- EDI Submitter Enrollment Form (instructions also posted on the Web portal)
- EDI Trading Partner Agreement

If you are a Medicaid provider and want to begin submitting your own claims electronically with vendor software or batch processing on the Web portal, complete the following documents:

- EDI Provider Enrollment Form (instructions also posted on the Web portal)
- EDI Trading Partner Agreement

Already Enrolled in EDI?



If you are an existing billing agent/clearing house and would like to add a new Medicaid provider ID number to your existing trading partner ID, submit an EDI Power of Attorney. (Do not submit a new application.)

If you are an existing billing agent/clearinghouse or provider enrolled with EDI and need to change information such as contact name, address or deliveries, submit the EDI Update Form.

If you are an existing Medicaid provider and would like to change your billing agent/clearinghouse, submit the EDI Update form to remove the current one and the EDI Power of Attorney for the new one.

Submitting Forms

All documents should be mailed to the following address:

ACS Provider Enrollment
P.O. Box 4000
McRae, GA 31055 ▲

GHP Web Portal Password Policy

To ensure that the GHP Web Portal continues to be HIPAA compliant, DCH implemented a password management policy that requires users to change passwords every 60 days. In addition to adhering to HIPAA privacy and security standards, our new password policy is consistent with good business practices for information security.

You either can wait for the Web Portal to prompt you to change your password, or use the "change password" function (top right button on each page of the GHP Web Portal) at any time.

The new policy also requires passwords that are difficult to guess. New passwords should contain both capital and small letters.

Your password must follow these rules:

- It must be at least eight characters long.
- It must contain at least four alphabetic characters.
- It must contain at least one numeric character.
- It must not have more than two repeated characters.

An example of a possible new password is "AJ4u1957".

The new policy does not permit users to share user ID and passwords. Please safeguard your user IDs and passwords and do not allow anyone else to use them.

If you forget your password, you can ask your primary office administrator for assistance.

If you have any questions, please contact the Customer Interaction Center (for numbers, refer to "Reaching ACS" on page 11). ▲

New Provider Enrollment Application



Beginning on January 1, 2005, you were required to use a revised provider enrollment application form. DCH is no longer accepting the 2003

version. The changes to the application form will be beneficial in the following ways:

- A W-9 and EFT agreement will not be required because the payee number is on the application.
- You can add additional locations with identical payee information at the time you submit the primary application by attaching the one page addendum form.
- You can submit your National Provider Identifier on the new application. ▲

Georgia Better Health Care Referral Process



Many times members need to be evaluated by other doctors than their primary care physician (PCP). When that happens, the member is given a referral to seek

additional treatment, perhaps from a specialist. This section should clear up some frequently asked questions about referrals.

Services Requiring a Referral

Referrals are required when a GBHC PCP refers a member to:

- A specialist for evaluation and/or medical care
- A provider who is "covering" for the PCP during periods of absence (such as weekend coverage when the PCP is not in town)
- A Health Check provider for that program's screenings

Note: This is not an exhaustive list of services requiring referrals. Check the "Referral" section in the *Part II Policies and Procedures for Georgia Better Health Care Services* manual for details.

Services Exempt From PCP Referral

DCH policy does not require GBHC PCP referrals for services provided in hospital emergency departments. Hospitals will be reimbursed for medical screening, examination and stabilization services. If the member's diagnosis is not a medical emergency, no additional Medicaid payments will be made. A list of services exempt from PCP referral can be found in section 804 and 805 of the Part II Policies and Procedures for Georgia Better Health Care Services manual and a quick reference guide to the GBHC Referral Process may be found in Appendix J.

Referral Policies

A new policy concerning referral IDs was implemented on October 1, 2003. Claims for services requiring a referral must have the unique 12-digit numeric referral number in box 17A of the CMS 1500.

Referrals are valid for 90 days from the effective date or for the number of visits, whichever comes first. The effective date is either the date the referral is entered, or up to the previous 30 days to accommodate coverage situations.

Any member's PCP or a practitioner in the PCP's group can generate referrals.

All providers in the PCP group billing under the same Tax ID number may see their own GBHC members at any of their practice locations without a referral. All providers in a specialty group billing under the same Tax ID number may see a GBHC member at any of their practice locations with a single referral (subject to the service limits of the referral).

Different Referral Submission Methods

PCPs can generate referrals by using the GHP Web Portal, calling the Customer Interaction Center (CIC) or submitting a GBHC/PeachCare for Kids Referral Worksheet.

PCPs can use the GBHC/PeachCare for Kids Referral Worksheet found in Appendix K of the *Part II Policies and Procedures for Georgia Better Health Care Services* manual to submit by fax or mail. Any submission method will result in a unique referral number for claims payment. The GBHC policy manual is up on the GHP Web Portal (www.ghp.georgia.gov) by clicking the **Provider Information** tab; in the Medicaid Provider Manuals box, click **View Full List**.

Method	Number / Address
Web Portal	www.ghp.georgia.gov
Telephone*	404-298-1228 (metro Atlanta) 800-766-4456 (toll free)
Mail	ACS P.O. Box 5000 McRae, GA 31055
Fax	866-483-1044 or 866-483-1045 (toll free)

* **Note:** The CIC can generate emergency referrals only if any of the following apply:

- The PCP is retired or no longer a participant of the Medicaid program.
- The member has moved more than a 50 mile radius from the assigned PCP.
- The member has previous claims history with a provider and was automatically assigned to a new PCP.

Referral Types

The following referral types are available:

- Evaluate Only (one visit will be allowed)
- Evaluate and Treat (up to three visits allowed)
- Health Check (up to four visits allowed to an enrolled Health Check provider)



If you have any questions about referrals, call the Contact Interaction Center (for telephone numbers, refer to "Reaching ACS" on page 11). ▲

National Code Set Update

ACS has resumed efforts to make the claims processing system compliant with the HIPAA National Coding Standards. Use your local codes until officially instructed to use the new codes. DCH will continue to roll out codes in phases and notify you 30 days before your category of service must begin using the new national code set.

The national coding standard requires a unique combination of procedure codes and modifiers (which are defined in the DCH

policy manuals). When the national codes become effective, claims and prior authorizations must be submitted and requested with exact procedure code/modifier combinations. Any coding differing from the policy manual instructions will result in claims and prior authorization denials.

The following list defines the planned schedule for implementing the new national (HIPAA compliant codes) by category of service:

	Category of Service	Effective Date
760	Children At-risk Targeted Case Management	10/1/2005
930	SOURCE	10/1/2005
600	EPSDT/Health Check	10/1/2005
470	Vision Care	10/1/2005
840	Children Intervention Services	10/1/2005
960	Children Intervention School Services (CISS)	10/10/2005
970	Georgia Pediatric Program (GAPP)	10/1/2005
971	Georgia Pediatric Program (GAPP)	10/1/2005
972	Georgia Pediatric Program (GAPP)	10/1/2005
660	ICWP Independent Care Waiver Service	10/1/2005
590	Community Care	12/1/2005
440	Mental Health	12/1/2005
850	GBHC	12/1/2005
381	Non-emergency Transportation (NET)	12/1/2005

Claims submitted using local codes for dates of service on or after the effective date will be denied. Please

be certain to check banner messages regularly for updates on your category of service national code set. ▲

Pregnancy-related Denials

Statistically, more women are pregnant or deliver newborns during the spring and summer. For this reason, we are reminding you that eligible pregnant women may receive pregnancy-related services, which are exempt from member co-payments, regardless of aid category (104 Low Income Family Medicaid or 170 Right from the Start Medicaid for pregnant women).

Currently, there are two issues with the claims processing system. It is denying pregnancy related services for exception code 5040 (Georgia Better Health Care referral number is missing or invalid), and sometimes applying member co-payments to claims for pregnancy related services when it should not.

ACS and DCH are actively working to correct these issues. In the meantime, DCH is asking all of our OB providers not to send pregnant members back to DFCS to change their aid category. Instead, you should verify that the claim was coded and submitted correctly. If the claim was coded correctly, ACS will mass adjust the claims after completing the system ticket for these claims.

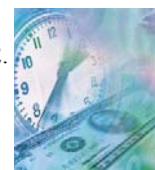
The Department appreciates your cooperation regarding this situation. If you have any questions, please contact the Customer Interaction Center (for numbers, refer to "Reaching ACS" on page 11). ▲

Claims Timeliness Edit

On July 1, 2005, the claims timeliness policy system edit was reset to the DCH required policy of six months from the date of rendered services.

For more information about the policy, refer to the *Part I Policies and Procedure for Medicaid/PeachCare for Kids* manual documents the policy for

claims submission on page II-1, section 202. ▲



PA for Outpatient Hospital Radiology Services

Due to some legislative changes starting September 1, 2005, DCH will begin requiring prior authorizations (PAs) on certain radiology services performed in an outpatient hospital setting.

You will need to request the PA on the GHP Web Portal. If you do not request a PA prior to providing services, the claims processing system will deny your claim for that service.

Procedure Codes Requiring PAs

One ultra sound unit is allowed per pregnancy without prior approval. Any additional units of the following procedure codes require PA for all members regardless of age:

76805, 76810, 76811, 76812

The following procedures require PAs at all times for all members regardless of age:

Procedure	Codes
OB Ultra Sound	76801, 76802, 76815, 76816
CT Scan	70450, 70460, 70470, 74150, 74160, 74170, 72192, 72193, 72194
MRI	70551, 70552, 70553, 72148, 72149, 72158
PET Scan	78608, 78811, 78812, 78813, 78814, 78815, 78816

PA Training

For the next several weeks, monitor your banner messages. You will soon receive additional information on training about how to use the GHP Web Portal to request a PA.

If you have any questions, please contact the Customer Interaction



Center (for numbers, refer to "Reaching ACS" on page 11). ▲

July 1, 2005 Policy Manual Updates

There have been some policy changes during the last quarter and DCH has made changes to the policy and procedure manuals, effective July 1, 2005. Also, DCH made changes to the *Part I Policies and Procedures for Medicaid/PeachCare for Kids* that apply to all providers. Please review your policy and procedure manuals for revision dates indicating an update for July 2005.

To access your policy manuals on the GHP Web Portal, do the following:

1. Go to www.ghp.georgia.gov.
2. Click the **Provider Information** tab.
3. In the Medicaid Provider Manuals box, click **View Full List**.
4. Click the link to the manual you would like to view.

You can also request a paper copy of your policy manual(s) from ACS by calling the Customer Interaction Center (CIC) or by using the "Contact Us" feature on the GHP Web Portal.

CIC: 404-298-1228 (metro Atlanta) or 800-766-4456 (toll free)

To access the "Contact Us" feature, go to www.ghp.georgia.gov and click "Contact Us" in the upper-right corner of any page of the Web portal. Please include the name of the policy and procedure manual and the number you are requesting. ▲

GBHC Reminders



If you are no longer accepting new patients or are taking established patients only, you need to fax an enrollment lock request (on a company letter head)

to provider enrollment at 866-309-0935. For policy details, refer to the *Part II Policies and Procedures for Georgia Better Health Care Services* manual in chapter 900, section 903, page 27 and 28.

If you have dismissed a member from your practice, you need to submit a request for exemption in writing (on a company letter head). Include the member's name, member ID number and the reason that you are requesting to dismiss the member from your practice. Fax this information to member enrollment at 866-483-1044. For policy details, refer to the *Part II Policies and Procedures for Georgia Better Health Care Services* manual in appendix C on page 51. ▲

GHP Web Portal

Did you know...

- The Web portal routinely processes 150,000 transactions per day.
- The automated voice response system processes averages 20,000 transactions per day. ▲

2005-2006 Provider Training

The GHP Medicaid Assembly is coming to a city near you!

The Medicaid Assembly is an opportunity to attend educational courses designed specifically for providers, billing specialists, office managers and staff. GHP will be offering the following:

- A welcome session
- Category of service specific training
- A claims resolution room

We suggest that you register to attend a welcome session and the category of service training that pertains to your billing needs. Welcome sessions will be held throughout the day prior to each category of service training. You only need to attend one welcome session.

Category of Service Training has been developed to provide you with an overview of the Policy and Procedures Part II that pertains to

your category of service and to supply you with billing guidelines for your provider type.

A Claims resolution room will be available in which you can meet with an ACS field representative to resolve specific claims issues. There are limited appointments available. We are scheduling one-hour appointments to meet the needs of as many providers as possible. We encourage you to schedule an onsite visit with your ACS Provider Field Representative or register to attend a Provider Assistance Meeting in Atlanta if you need more extensive assistance than one hour will provide.

The 2005-2006 GHP Medicaid Assembly schedule is the following:

Atlanta

September 21 - 22, 2005
Gwinnett Center
6400 Sugarloaf Parkway
Duluth, GA 30097
(770) 813-7600

Valdosta

December 5 - 6, 2005
James H. Rainwater Conference Center
One Meeting Place
Valdosta, GA 31601
(229) 245-0513

Dalton

March 14 - 15, 2006
Northwest Georgia Trade & Convention Center
2211 Dug Gap Battle Road
Dalton, Georgia 30720
(800) 824-7469

Savannah

June 8-9, 2006
Savannah Marriott Riverfront
100 General McIntosh Boulevard
Savannah, GA 31401
(912) 233-7722

To register for a welcome session, category of service training or claims resolution meeting, go to www.time2reg.com/ghpconferences/



Mass Reprocessing Update

To correct payments, any FY04 claims that were processed between July 1, 2003 and June 30, 2004 will be reprocessed. This re-processing will begin in September 2005, as early as the first full adjudication week.

Check your Web and Remittance Advice (RA) banner messages regularly for the reprocessing schedule on each of the affected categories of service and other reprocessing updates. Claims will be reprocessed weekly for each month of FY04 until completed.

Adjusted claims appear on the RA in a special "adjusted claims" section following paid and denied original claims. As with original claims,

adjusted claims are displayed as "Adjusted Claims - Paid" and "Adjusted Claims - Denied."

Adjusted claims TCNs (transaction control numbers) begin with a '4.' The adjustment process creates two claims for each original claim reprocessed: a debit claim and a credit claim. The credit claim always has a status of paid. The debit claim can have status of paid or denied, based on the adjudication results for the adjustment claim.

If you have any questions, please contact the Customer Interaction Center (for numbers, refer to "Reaching ACS" on page 11). ▲

Nurse Aide Adverse Findings

You can access the **NAR Adverse Findings Report** on the GHP Web Portal. This quarterly report includes a list of all certified nurse aides who have had adverse findings against them. Follow these steps to access the July 2005 report:

1. Go to the GHP Web Portal (www.ghp.georgia.gov).
2. Click the **Provider Information** tab.
3. In the Banner Messages box, click **View Full List**.
4. Click on the July 13, 2005 listing for the NAR Adverse Findings Report. ▲

How to Register for the Web Portal

The GHP Web Portal can be the doorway to efficiency for a provider. Before you can enter that doorway, you must take two steps to register.

Step One: Web Portal Pre-registration Form

Complete the Web Portal Pre-registration Form. You can download it from the GHP Web portal*:

1. Go to **www.ghp.georgia.gov**.
2. Click the **Provider Information** tab.
3. In the Documents and Forms box, click the **View Full List** link.
4. Click the **Web Portal Pre-registration Form** link.
5. To save the document to your hard drive, click the diskette symbol in the toolbar.

***Note:** You must have Acrobat Reader software to access documents on the Web portal. It's free from the Adobe Web site (www.adobe.com/products/acrobat/readstep2.html); just follow the instructions in the gray box.

Complete the form and fax it to the number designated. You use this form to assign Web Portal Office Manager (POA) rights to an individual. As a provider, you can assign these rights to yourself or someone else in your office. You

must designate a POA to be able to sign onto the Web portal.

After you fax the form, ACS enters the POA information into your system records. This enables the Web portal to match information to your POA. After five business days, you can move onto the second step of Web portal registration: online registration.

Step Two: Online Registration

If you are the provider and registered yourself as the POA, you are going to register online as "an individual practitioner." If you are the POA and are someone other than the provider him or herself, you will register as a "provider facility." This is the only difference in the process. If you need to bill for more than one provider ID, you must register as a POA for each provider ID. Follow these instructions to complete the online registration:

1. Go to **www.ghp.georgia.gov**.
2. In the registration box, click the appropriate link: **Individual Practitioner Registration** or **Provider Facility Registration**.
3. The login fields appear.
 - a. If you are already a POA for a provider ID, enter your existing **User Name** and **Password**. Then Click **Next**.

- b. If this is the first time you have ever logged in, click **Next**.

4. Enter the information in the fields. Enter the Social Security Number and date of birth for the POA.

Please note, if you are a new user, the user name you enter will be what you use to log into the Web portal.

5. Click **Submit**.

You have completed the online registration.

Within approximately five minutes of online registration, you will receive a system-generated e-mail containing your Web portal password. After you receive your password, you can log into the Web portal with the password and the user name you designated during online registration.

If you have any questions about Web portal registration, call the Customer Interaction Center at the telephone at 404-298-1228 (metro Atlanta) or 800-766-4456 (toll free) and do the following:

1. Press option 6
2. Press option 0.
3. Enter your provider ID.
4. Press 2 for Web registration questions. ▲

Narrow Therapeutic Index (NTI) Drug Policy Change

As of May 1, 2005, Georgia Medicaid stopped reimbursing for the branded versions of the following medications without prior authorization: carbamazepine, digoxin, levothyroxine, phenytoin, theophylline extended-release and warfarin. All of these medications

have A-rated generic equivalents on the market that have been rigorously tested and deemed safe, effective and therapeutically equivalent by the FDA.

Please contact Express Scripts if you have specific questions or concerns at 877-650-9340. ▲

Sending Attachments Without Claims

If we receive attachments without any supporting documentation, we will return them to you. The only exception to this policy is when the attachment has no information identifying the originating provider. In this case, the attachment is scanned and kept at the mail facility. ▲

Reaching ACS

Type of Inquiry/ Action Needed	Method	Contact Info
Claims submission (Georgia providers)	Web Mail	www.ghp.georgia.gov P.O. Box 5000 McRae, GA 30155-5000
Claims submission (Out-of-state providers)	Web Mail	www.ghp.georgia.gov P.O. Box 7000 McRae, GA 30155-7000
Claims attachments	Fax Mail	866-483-1044 P.O. Box 5000 McRae, GA 30155-5000
General inquiry/question (including claims questions)	Phone Web Fax Mail	404-298-1228 (metro Atlanta) 800-766-4456 (toll free) www.ghp.georgia.gov Click Contact Us 866-483-1044 P.O. Box 5000 McRae, GA 30155-5000
Prior authorizations	Phone Web Mail	404-298-1228 (metro Atlanta) 800-766-4456 (toll free) www.ghp.georgia.gov Click Contact Us P.O. Box 7000 McRae, GA 30155-7000
Provider Enrollment	Phone Web Fax Mail	404-298-1228 (metro Atlanta) 800-766-4456 (toll free) www.ghp.georgia.gov Click Contact Us 866-309-0935 P.O. Box 4000 McRae, GA 30155-4000
EDI Gateway	Phone Web Fax Mail	800-987-6715 (toll free) www.acs-gcro.com 850-386-1177 2324 Killearn Center Blvd. Tallahassee, FL 32309
Provider training course registration	Phone Web	877-660-2080 (toll free) www.time2reg.com/ghpconferences
Refund/benefit recovery	Mail	BRS – Provider Refunds P.O. Box 277941 Atlanta, GA 30384-7941 To send by courier, use this physical address: Attn: Lockbox 277941 BRS – Provider Refunds 6000 Feldwood Road College Park, GA 30349
Member Inquiry	Phone Web	770-570-3373 (metro Atlanta) 866-211-0950 (toll free) www.ghp.georgia.gov Click Contact Us

Linking Payee to POA IDs

We have noticed POAs (Portal Office Administrators) have not linked their payee number to their POA Web ID. This has contributed to facilities not receiving their RA (Remittance Advice) via the Web.

After you register for the Web portal, you must link yourself up to your payee number to receive RA's.

Instructions are now posted in the 'Documents and Forms' section of the GHP Web Portal to assist in resolving this issue. To access the instructions, do the following:

- 1) Go to www.ghp.georgia.gov.
- 2) Click the **Provider Information** tab.
- 3) In the Documents and Forms box, click **View Full List**.
- 4) Scroll to the bottom of the page and click **Web Portal: Linking ID Instructions**. ▲

Send Documents to ACS Mail Facility

Some providers are sending documents to the DCH office at 2 Peachtree and the ACS office at 3 Ravinia, especially provider enrollment documents. This is slowing down the workflow because these offices do not process forms. If we receive documents at either incorrect location, we forward them to our mail facility in McRae, Georgia for sorting and scanning. Unless specifically instructed otherwise, please help reduce the wait time by mailing your documents directly to our mail facility. Refer to "Reaching ACS" for the addresses. ▲

ACS Provider Field Representatives

Territory	Representative	Counties
Territory 1	Key Allen 770-964-4245 FieldRep01@acs-inc.com	Bartow, Catoosa, Chatooga, Cherokee, Dade, Dawson, Fannin, Floyd, Forsyth, Gilmer, Gordon, Habersham, Hall, Lumpkin, Murray, Pickens, Rabun, Stephens, Towns, Union, Walker, White, Whitfield
Territory 2	Vanessa Whitley 678-418-2126 FieldRep02@acs-inc.com	Fulton
Territory 3	Rebecca Miller 770-979-8430 FieldRep03@acs-inc.com	Banks, Barrow, Clarke, Elbert, Franklin, Gwinnett, Hart, Jackson, Madison, Oconee, Walton
Territory 4	Michael Simpson 404-243-6989 FieldRep04@acs-inc.com	Carroll, Cobb, Douglas, Harolson, Paulding, Polk
Territory 5	Leslie Walker 404-244-8382 FieldRep05@acs-inc.com	Clayton, DeKalb, Rockdale
Territory 6	Nickie Turner 770-210-1668 FieldRep06@acs-inc.com	Butts, Chattahoochee, Coweta, Fayette, Harris, Heard, Henry, Jasper, Jones, Lamar, Marion, Meriwether, Monroe, Muscogee, Newton, Pike, Spalding, Talbot, Taylor, Troup, Upson
Territory 7	Lolita Roberts 706-793-6244 FieldRep07@acs-inc.com	Baldwin, Burke, Columbia, Glascock, Greene, Hancock, Jefferson,, Jenkins, Johnson, Lincoln, McDuffie, Morgan, Oglethorpe, Putman, Richmond, Screven, Taliaferro, Warren, Washington, Wilkes
Territory 8	Sharon Chambliss 229-273-7705 FieldRep08@acs-inc.com	Bibb, Bleckley, Calhoun, Clay, Crawford, Crisp, Dodge, Dooly, Dougherty, Houston, Laurens, Lee, Macon, Peach, Pulaski, Quitman, Randolph, Stewart, Schley, Sumter, Telfair, Terrell, Twiggs, Webster, Wheeler, Wilcox, Wilkinson
Territory 9	Roderick Alexander 912-920-1673 FieldRep09@acs-inc.com	Appling, Bacon, Bryan, Bulloch, Camden Candler, Charlton Chatham, Effingham, Emanuel, Evans, Glynn, Jeff Davis, Long, Liberty, McIntosh, Montgomery, Tattnall, Toombs, Treutlen, Ware, Wayne
Territory 10	Savombi Fields 850-878-8508 FieldRep10@acs-inc.com	Atkinson, Baker, Ben Hill, Berrien, Brantle, Brooks, Clinch, Coffee, Colquitt, Cook, Dacatur, Early, Echols, Grady, Irwin, Lanier, Lowndes, Miller, Mitchell, Pierce, Seminole, Thomas, Tift, Turner, Worth
Hospitals	Michelle Meador 770-529-4186 michelle.meador@acs-inc.com	All Georgia Medicaid Hospitals

Please note: If you do not receive a response from your Provider Field Representative in a timely manner, please contact the CIC at 800-766-4456 or go to the GHP Web Portal at www.ghp.georgia.gov and select the "Contact Us" feature.